| | P | ATENT AP | PLICAT | 5, no persons are | required to resp | ond to a collection TON RECOR | of Information | unless it d | S. DEPARTMENT isplays a valid ON | T OF COMME 1B control num |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------|-------------|---------------------------------------|------------------|-------------------------------|------------------------|---------------|---------------------------------------|------------------------------|
| | | | | stitute for Form | | | .U . | Î? | olication or Docket | Nuorber X |
| - | | CEAIMS | SAS EII | ED DARTI | • | | | | 41021 | 70 |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY | | | | | | | | 0 | OTHER THAN | |
| | FOR | | UMBER FIL | 50 | :14- | | SEC CITITY I | 1 | , SMA | LLENTITY |
| BA | BASIC FEE (37 CFR 1.16(a)) | | OMBERFIL | EU NO | IMBER EXTRA | RATE | FE | | RATE | FEE |
| TO | TAL CLAIMS | | | | ···· | _ | - 1 | . 0 | ₹ | 5 |
| | CFR 1.16(c)) DEPENDENT CL | AU46 | minu | ıs 20 = • | | x s | = | OF | , , , , | - |
| (37 | CFR 1.16(b)) | AIM15 | minu | s 3 =. | | XI | = | | | |
| MU | LTIPLE DEPEN | DENT CLAIM PRI | SENT | (37 CFR 1.16(d) | · | - | - ` · · - | OF | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
| | | | | | | | <u> </u> | OF | + 5= | |
| · n | the difference in | column 1 is les | s than zero | , enler "0" in çolur | mn 2. | TOTAL | | OR | TOTAL | |
| | . (| CLAIMS AS A | AMENDE | D - PART II | | | · | | TOTAL | L |
| | • | , | • | | | | | | | |
| _ | (Column 1) . (Column 2) (Column 3) | | | | SMAL | SMALL ENTITY | | | R THAN L ENTITY | |
| ∀ <u>-</u> | | REMAININ | 3 | HIGHEST | PRESENT | RATE | ADDI- | | | T |
| וב | | AMENDMEN | rr | PREVIOUSE PAID FOR | Y EXTRA | | TIONA | | RATE | ADDI- TIONAL |
| [2 | . Total (37 CFR 1.16(c)) | 20 | Minu | · (1) | - | | 1 | - | | FEE |
| AIMOMIN OF THE PRINCIPLE OF THE PRINCIPL | (37 CFR 1,16(b)) | . 3 | Minu | 3 | 1: | X S= | | OR | X 5= | / |
| ₹[| FIRST PRESEN | TATION OF MULTI | PLE DEDEL | DENT CLAIM (37 (| | X \$= | - - | OR | X \$= | |
| | | | · ce bereit | DENT CLAIM (37) | CFR 1 16(d)) |] [+; <u>=</u> | | OR | + 5= | |
| | | | | | | TOTAL ADD'L FEE | 1. | OR | TOTAL ADD'L FEE | 1 |
| _ | | (Column 1) | | (Column 2) | (Column 3) | | | | 7,00 E 1 CE | L |
| | | CLAIMS REMAINING | | HIGHEST | PRESENT | RATE | 1 | ٦. | | |
| L | | AFTER AMENOMENT | - | PREVIOUSLY PAID FOR | EXTRA | | ADDI- TIONAL | | RATE | ADDI- TIONAL |
| | Total (37 CFR 1,16(c)) | • | Minus | 1 | = | | FEE | - | | FEE |
| | Independent (37 CFR 1.16(b)) | • | Minus | · | 1= | X \$= | | OR. | X \$= | |
| ٦, | IRST PRESENT | T/0// 05 / * * * * * * * | | ļ | ┸ | x 1= | | OR | x s= | |
| <u></u> | | TION OF MOLITA | LE DEPENO | ENT CLAIM (37 CI | FR 1,16(d)) | + 3 = | | OR | +1 = | |
| | | | | | | TOTAL ADD'L FEE | | OR | TOTAL | |
| | | (Column 1) | | (Column 2) | (Column 3) | | | ٠,, | ADD'L FEE | 1 |
| | T | CLAIMS | | HIGHEST | PRESENT | | | . r | | |
| L | | AFTER AMENDMENT | | NUMBER PREVIOUSLY PAID FOR | EXTRA | RATE | ADDI- TIONAL | | RATE | ADDI- TIONAL |
| (3) | Total 7 CFR 1.16(c)) | • | Minus | ** | = | | FEE | 1 1 | <u>-</u> | FEE |
| In | dependent CFR 1.16(b) | | Minus | *** | = | X 5= | · | OR | X \$= | <u>:</u> |
| _ | | | | | | X \$= | · | OR / | x s= | |
| ااع | KST PRESENTAT | ION OF MULTIPLE | DEPENDE | NT CLAIM (37 CFF | R 1.16(d)) | + \$ = | | or. | + . | |
| , | | | | | | TOTAL | | | TOTAL | |
| 11 (| he entry in colu | mn 1 is less tha | n the entry | in column 2, write N THIS SPACE is | "0" in column 3 | ADD'L FEE | | OR | ADD'L FEE | |

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

DONESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.